Uterine Artery Embolisation in NZ: Benefits, Recovery, and FAQs

If you have heavy periods, pelvic pressure, or cramps from uterine fibroids, you might want options that avoid major surgery. **Uterine artery embolisation,** also called uterine fibroid embolisation, is a minimally invasive treatment done by interventional radiologists. It works by reducing blood flow to fibroids, which can ease symptoms, speed up recovery, and keep your uterus intact. This makes it a good choice for many women who want relief without a hysterectomy. For more information about the procedure in New Zealand, you can check this resource on **uterine artery embolisation**.

What is Uterine Artery Embolisation?

Uterine artery embolisation (UAE or UFE) is a hospital procedure that usually takes just a day or a short stay. A specialist uses a thin tube, often inserted at the wrist, to send tiny particles into the uterine arteries. These particles block blood flow to the fibroids, which helps them shrink and can ease symptoms like heavy bleeding, pressure, and pain over the next few weeks or months. This method has been used since the 1990s and is a well-known alternative to fibroid surgery.

Why People Consider It

Fibroids are very common, especially during the child-bearing years, and can range from pea-sized to grapefruit-sized. Not everyone has symptoms, but for many, fibroids can cause prolonged or heavy periods, pelvic heaviness, constipation or bloating from bowel pressure, frequent urination from bladder pressure, and discomfort with intercourse. If those symptoms interfere with daily life, UAE is one of the options to discuss alongside medication or surgery.

How It Compares with Medication and Surgery

Some medicines can help reduce bleeding or shrink fibroids for a wSome medicines can help reduce bleeding or shrink fibroids for a time, but symptoms often return when you stop taking them. Surgery can remove fibroids or, sometimes, the whole uterus. UAE offers a middle ground. It treats **all** fibroids in one session, avoids large incisions, and usually means a short hospital stay. Many women prefer this because recovery is faster and the uterus is preserved, which can matter even if you do not plan to have children.maging, usually an ultrasound or MRI, to check the size, number, and location of your fibroids. On the day, an interventional radiologist will access an artery, often at the wrist, and guide a catheter to the uterine arteries. They release tiny particles to block blood flow to the fibroids. The entry point is small, and the procedure is usually shorter than surgery. Most people stay one night for monitoring and pain relief, then go home the next day.

Recovery and Results

Because this procedure is minimally invasive, recovery is usually quicker than after major surgery. You might have cramp-like pain for a short time as the fibroids lose their blood supply, but medication can help manage this. Many people return to their normal activities in about a week, though recovery times can vary. Most women say they get good results, with relief from symptoms and no need for surgery. For a practical guide in New Zealand, the Lumina Health page on uterine artery embolisation is helpful.

Safety Profile

UAE is generally safe when performed by trained interventional radiologists. As with any procedure, there are some risks, and your doctor will discuss these with you based on your health and test results. The minimally invasive approach, small entry point, and targeted technique help make UAE safer and recovery faster than open surgery for many people.

Who Might Be a Good Candidate?

If you have fibroids causing heavy or painful periods, pelvic pressure, frequent urination, constipation, or pain with intercourse, and you want to avoid major surgery, UAE might be an option. Your healthcare team will consider your age, how severe your symptoms are, the type of fibroids you have, and your plans for having children. Imaging helps decide if UAE is likely to work for you.

How the Decision is Made

Choosing Choosing UAE is a decision you make with your healthcare team. Start by talking about your symptoms with your GP or gynaecologist, who may refer you to an interventional radiologist for more assessment. Imaging helps guide the plan, and you will get clear information about the procedure, pain management, recovery, and follow-up. If you want a simple explanation before your appointment, the **Lumina Health page on uterine artery embolisation** explains the main steps and benefits in plain language. UAE is a uterus-preserving option for fibroid symptoms with a short hospital stay and a relatively quick return to normal life. It is not right for everyone, but for many, it offers a good balance between effectiveness and recovery time. Reading about the basics, risks, and recovery, then talking with your doctor, will help you decide if it fits your goals. For a local overview, see this NZ-based guide on **uterine artery embolisation**.

1) What symptoms can uterine artery embolisation help with?

UAE is designed for fibroid-related symptoms, including heavy or prolonged periods, pelvic pressure or fullness, bladder pressure leading to frequent urination, bowel pressure causing constipation or bloating, and pain with intercourse. If those symptoms are driven by fibroids, UAE may help by reducing blood flow to them.

2) How long is the hospital stay and recovery?

Most people stay a single night in hospital and return to day-to-day activities in about a week, depending on personal factors and job demands. Your team will give tailored guidance on rest, pain relief, and activity progression.

3) Will it treat all of my fibroids?

UAE targets the uterine arteries that feed the fibroids, so the treatment addresses **all** fibroids during the same session rather than removing them one by one. Results vary by person, but many achieve meaningful symptom relief without surgery.

4) Who performs the procedure?

An interventional radiologist— a doctor trained in image-guided procedures through blood vessels—performs UAE. Their expertise includes navigating catheters under imaging and precisely embolising the blood supply to the fibroids.

5) How do I learn more or get assessed?

Talk to your GP or gynaecologist about your symptoms and imaging. If UAE seems like a good fit, they can refer you to an interventional radiologist. For a straightforward primer on benefits, safety, and what to expect locally, see **Lumina Health's uterine artery embolisation page**.